

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047467

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 8.0

Primary Registration District No. 3074/41

Registrar's No. 21

FILED JAN 2 1964

VS 300
Rev. 4/59

10260

20260

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12 90-2

13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Centertown, Mo

Length of stay in lb
35 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home-Centertown, Mo

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Centertown, Mo

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Gen Del

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First Middle Last
Ralph Arnold Johnson

4. DATE OF DEATH Month Day Year
Dec 27 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11/28/12

9. AGE (last birthday) 51
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Carpenter

10b. KIND OF BUSINESS OR INDUSTRY
Roofer

11. BIRTHPLACE (City and state or country)
Cole Co

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

James E. Johnson

13b. MOTHER'S MAIDEN NAME

Maude Miller

14. NAME OF HUSBAND OR WIFE

Fern Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of
Yes World War 2

16. SOCIAL SECURITY NO. 3

17. INFORMANT Address
Mrs Ralph Johnson-Centertown, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular Fibrillation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary Emboli

DUE TO (c)

Generalized Carcinomatosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

Metastatic Carcinoma of Cerebrum

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-29-63 to 12-27-63 and last saw him alive on 12-27-63
Death occurred at 8/10P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deedee or title)

Leo M. Baker, D.O.

22b. ADDRESS

Jefferson City, Mo

22c. DATE SIGNED

12-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
12/29/63

23c. NAME OF CEMETERY OR CREMATORY
Centertown Cemetery

23d. LOCATION (City, town, or county)
Centertown, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bowlin Funeral Home-California, Mo

25. DATE RECD. BY LOCAL REG.

Dec. 29

26. REGISTRAR'S SIGNATURE

Minnie Nettumeyer

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 8 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address Colifomia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.